

# MENTAL HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2011-12 Third Quarter Report.

- ◆ Reports must be returned by September 17, **2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2011-12 third quarter deposits made January through March 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, [WWW.SCO.CA.GOV](http://WWW.SCO.CA.GOV). Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales Tax
  - a. Allocation  
W & I Code Sec. 17601  
In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and March 27, 2012, respectively.
  - b. Less: State Hospital Offset  
W & I Code Sec. 17601  
In the columns titled "January", "February", and "March", enter the State Hospital Service contract offset amounts from January through March 2012, respectively.
  - c. Less: Managed Care Offset  
In the columns titled "January", "February", and "March", enter the Managed Care Program offset amounts from January through March 2012, respectively.
  - d. Total Sales Tax Revenue  
Enter the total of lines 1a, less 1b, and 1c.
2. County/City Matching Funds
  - a. Mental Health Match  
W & I Code Sec. 17608.05  
In the columns titled "January", "February", and "March" enter the amount of local matching funds deposited from January through March 2012, respectively, in accordance with the schedule developed by the State Department of Mental Health.
  - b. Vehicle License Fees  
W & I Code Sec. 17608.10(b)  
There is no Vehicle License Fee Match to Report
  - c. Vehicle License Collection allocation  
In the column titled "January" enter the amount deposited in January 2012.
  - d. Total Matching Funds  
Enter the total of lines 2a, 2b, and 2c.
3. Other (identify)  
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited  
Enter the total of lines 1d, 2d, and 3.

### Disbursements

5. Transfers to Operating Funds  
Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify)  
Enter and identify any other disbursements made during the first quarter.
7. Total Funds Disbursed  
Enter the total of lines 5 and 6.

### Transfers

8. Transfers In (Out) to Other Trust Funds  
W & I Code Sec. 17600.20  
Enter the transfers In (Out) between trust fund accounts.

For the County/City of \_\_\_\_\_

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

Telephone No. (\_\_\_\_)\_\_\_\_\_

As Mental Health Director for the County/City of \_\_\_\_\_, I certify that the amounts stated on this report are true, accurate, and complete.

\_\_\_\_\_  
Mental Health Director

(\_\_\_\_\_)\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

As Auditor-Controller for the County/City of \_\_\_\_\_, I concur with the Mental Health Director that the amounts stated on this report are true, accurate, and complete.

\_\_\_\_\_  
Auditor-Controller

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

# HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2011-12 Third Quarter Report

- ◆ Reports must be returned by **September 17, 2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2011-12 third quarter deposits made January through March 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, [WWW.SCO.CA.GOV](http://WWW.SCO.CA.GOV). Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales Tax
  - a. Allocation  
W & I Code Sec. 17603  
In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and March 27, 2012, respectively.
  - b. Less: CMSP Offset  
W & I Code Sec. 17603.05  
In the column titled "January", enter the amount of the County Medical Services offset from January 2012, respectively. Note: Counties making direct payments 0- and refer to line 6.
  - c. Total Sales Tax Revenue  
Enter the total of lines 1a, less 1b.
2. County/City Matching Funds
  - a. Health Match  
W & I Code Sec. 17608.10(a)  
In the columns titled "January", "February", and "March", enter the amount of local matching funds deposited from January through March 2012, respectively, in accordance with the schedule shown in W & I Code Section 17608.10.
  - b. Vehicle License Fee  
W & I Code Sec. 17608.10(b)
    - i. Allocation  
W & I Code Sec. 17604  
In the columns titled "January", "February", and "March", enter the amount of county/city matching funds deposited January 27, February 27, and March 27, 2012, respectively, as Vehicle License Fees.
    - ii. Less: CMSP Offset  
W & I Code Sec. 17604.05  
In the columns titled "January", "February", and "March", enter the amount of the County Medical Services Program offset from January through March 2012, respectively.  
Note: Counties making direct payments should enter -0- and refer to line 6.
  - c. Total Matching Funds  
Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify)  
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited  
Enter the total of lines 1c, 2c, and 3.

### Disbursements

5. Transfers to Operating Funds  
Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments  
Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify)  
Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed  
Enter the total of lines 5, 6, and 7.

### Transfers

9. Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600.20  
Enter the transfers In (Out) between trust fund accounts.

For the County/City of \_\_\_\_\_

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

Certification:

\_\_\_\_\_  
Auditor-Controller

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

# SOCIAL SERVICES TRUST FUND INSTRUCTIONS

## Instructions for the 2011-12 Third Quarter Report.

- ◆ Reports must be returned by September 17, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2011-12 Third quarter deposits made January through March 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

## Deposits

1. Sales Tax
  - a. Allocation  
W & I Code Sec. 17602In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and March 27, 2012, respectively.
2. Vehicle License Fees
  - a. Vehicle License Fees  
Annual Base  
W & I Code Sec. 17604In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and March 27, 2012, respectively.
3. CalWORKs Maintenance of Effort
  - a. Allocation  
W & I Code Sec.  
17601.20(a)In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and March 27, 2012, respectively.
4. Other (identify) Enter and identify all miscellaneous deposits.
5. Total Funds Deposited Enter the total of lines 1a, 2a, 3a and 4.

## Disbursements

6. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
7. Other (identify) Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed Enter the total of lines 6 and 7.

## Transfers

9. Transfers In (Out) to Other  
Trust Funds  
W & I Code Sec. 17600.20 Enter the Transfers In (Out) between trust fund accounts.

For the County of \_\_\_\_\_

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

Certification:

\_\_\_\_\_  
Auditor-Controller

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date